

**ILLINOIS DEPARTMENT OF PUBLIC AID
REQUEST TO RESTRICT USES AND DISCLOSURES OF HEALTH INFORMATION**

- You have the right to ask the Illinois Department of Public Aid (Agency) to restrict the ways the Agency uses and shares your personal health information for its treatment, payment and health care operations purposes.
- The Agency is not required to agree to your request for a restriction, but will do its best to accommodate all reasonable requests.
- You can agree orally or in writing to withdraw your request for a restriction at any time.
- The Agency can terminate the agreement to restrict how it uses or shares your personal health information if it tells you it is terminating the agreement. The agreement to terminate the restriction is effective only about your personal health information that the Agency creates or receives after the date the Agency tells you that the agreement to restrict has been terminated.

My name: Date of birth:

Recipient I.D. Number (RIN):

I request that the Agency restrict the ways it uses or shares my personal health information in this way:

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Signature: Date:

Send this Request to Restrict to:

Privacy Officer
Illinois Department of Public Aid
P.O. Box 19159
Springfield, IL 62794-9159

Fax: 1-312-793-2005

Contact the Illinois Department of Public Aid
Privacy Officer:

Privacy Officer
Illinois Department of Public Aid
P.O. Box 19159
Springfield, IL 62794-9159

Toll-free telephone: 1-800-226-0768 (Health Benefits
Hotline)
Toll-free for persons using a TTY: 1-877-204-1012
Fax: 1-312-793-2005
e-mail address: privacyofficer@mail.idpa.state.il.us